

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	319	12-15-95
TYPIST	221	11-19-95
VERIFIER	319	6-18-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS
BEST AVAILABLE COPY

Claim	Date
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SYMBOLS

- ✓ Rejected
- Allowed
- (through numbers) Cancelled
- N Restricted
- I Non-Selected
- A Appeal
- O Obsolete

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